

Written referrals should be addressed to the Intake Team, as per the Referral Guidelines Information Sheet, available on the Internet or by contacting Family Pathways.

### Family Pathways Schoolroom

The education and clinical team provide a therapeutic and educational program for referred primary school aged students.

- Teachers deliver a mainstream school curriculum.
- Clinical staff and teachers facilitate group and individual skills based work with children.
- An Individual Education Program (IEP) is tailored for each child's physical, psychosocial and educational needs.
- A strong emphasis is placed on developing self-management and interpersonal skills.
- A strong focus is placed on liaison and reintegration to the mainstream school throughout the entirety of involvement with the program.

### Referral inquiries to:

Program Manager or Senior Case Coordinator  
designated for your area

Family Pathways  
233 Stubbs Terrace  
Shenton Park WA 6008  
Tel: (08) 9382 0730  
Fax: (08) 9382 0746

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Clinical Care Unit

**Website:** <http://cahs.health.wa.gov.au>

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CHILD AND ADOLESCENT HEALTH SERVICE

Princess Margaret Hospital for Children

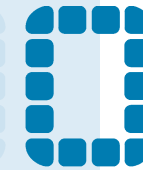
Roberts Road, Subiaco WA 6008

Telephone: (08) 9340 8222

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Delivering a Healthy WA



## Family Pathways Information for Referring Agencies



Delivering a Healthy WA

Healthy Workforce • Healthy Hospitals • Healthy Partnerships  
Healthy Communities • Healthy Resources • Healthy Leadership

## Service Provision

Family Pathways is a state wide service providing complementary and multi-model intensive intervention with protracted, co-morbid and complex child and family mental health problems. It is not an acute service and as such is not able to respond to urgent referrals. Family Pathways caters for children from 4-12 years.

## Rural Provision

Service for rural families can include teleconferencing, day attendance at Family Pathways unit for a predetermined and limited time period, usually two weeks. Families have access to the Patient Assisted Travel Scheme but will require off-site accommodation.

## Multidisciplinary Team

The team comprises a program manager, a broad range of mental health clinicians, teachers, administration and support services.

## Engagement and Formulation Process

Interviews occur with the major stakeholders and family to determine the family's and referring agent's goals and expectations of the service, and to work towards an agreed clinical formulation and engagement process.

A detailed clinical pathway flow chart is available on the website or on request.

A comprehensive assessment is provided for the child, family, the school context and other relevant community systems.

## Additional assessments may include:

- psychiatric assessments of referred child and individual family members
- occupational therapy and speech pathology
- parenting
- psychological/developmental/neurological testing
- Educational/social and behavioural.

## Interventions

An intervention plan is compiled in consultation with the family, community case manager and Family Pathway's multidisciplinary team. It is reviewed on a regular basis through liaison with the referring agent. Interventions may include one or a combination of the following:

- Intensive outreach service: inclusive of individual, family, school and other community focused interventions
- In-home parenting work: from a psycho-educational, behavioural/modelling and family relationship framework
- On-site school attendance at Family Pathways schoolroom: inclusive of social skill-based individual and peer group work.
- Formulation and implementation of individual education and cognitive/behavioural management plans as provided in conjunction with therapeutic work.

## Transition Planning and Follow Up

Transition and follow up planning occurs in conjunction with the family, community case manager, and Family Pathways staff within regular clinical review meetings.

Clinical outcome measures and service evaluation occur throughout involvement.

## Referral Process

Referring agencies must be in a position to continue involvement with both the family and Family Pathways throughout the service delivery process. Minimum involvement includes:

- Joint formulation of intervention goals
- Contribution to clinical reviews at a frequency agreed between the referrer and case coordinator
- Continuation of direct provision of mental health follow-up after ceasing involvement with the program.

A case management role is individually decided through a joint service planning process.

Referrals will be considered from mental health providers including:

- secondary Metropolitan and Rural Child and Adolescent Mental Health Services
- private psychologists and private psychiatrists
- State Child Development Centre (team referrals only)
- the Psychological Medicine Clinical Care Unit of Child and Adolescent Health Service